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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 6136

SERIAL NUMBER 09/654,212	FILING DATE 09/01/2000 RULE	CLASS 273	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. AC-001	
APPLICANTS Anthony N. Cabot, Las Vegas, NV; ** CONTINUING DATA ***** - NONE - ** FOREIGN APPLICATIONS ***** - NONE -					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/30/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged <i>Nm F. Legone NPL</i> Examiner's Signature Initials		STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
ADDRESS VICTOR J. GALLO 1661 OLDCASTLE PLACE WESTLAKE VILLAGE, CA 91361					
TITLE Multiway poker game method and apparatus					
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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** FOREIGN APPLICATIONS *****				
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 20
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS Victor J Gallo 3 Kennesaw Road Henderson, NV 89052				
TITLE Multiway poker game method and apparatus				
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees () <input type="checkbox"/> 1.17 Fees (processing Ext. of time) <input type="checkbox"/> 1.18 Fees () <input type="checkbox"/> Credit	

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APPLICANTS Anthony N. Cabot, Las Vegas, NV;				
** CONTINUING DATA ***** <i>None</i>				
** FOREIGN APPLICATIONS ***** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/30/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Nine</i> Allowance <i>Refuse NFL</i> Examiner's Signature Initials		STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 20
		INDEPENDENT CLAIMS 3		
ADDRESS Victor J. Gallo YouBet.com Inc 5901 De Soto Avenue Woodland Hills, CA 91367				
TITLE Multiway poker game method and apparatus				
FILING FEE RECEIVED 431	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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APPLICANTS Anthony N. Cabot, Las Vegas, NV ;				
** CONTINUING DATA ***** none (2)				
** FOREIGN APPLICATIONS ***** none (2)				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/30/2000				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 20
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		INDEPENDENT CLAIMS 3		
ADDRESS Victor J Gallo P O Box 10938 Zephyr Cove ,NV 89448				
TITLE Multiway poker game method and apparatus				
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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			INDEPENDENT CLAIMS 3	
ADDRESS Victor J Gallo 11000 S Eastern #2627 Henderson ,NV 89052				
TITLE Multiway poker game method and apparatus				
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	